

CASH DEPOSIT FORM (Treasury Window ONLY)

Department/Organization Name



The Commonwealth of Massachusetts
Office of the State Comptroller

Revised: 4/1194

Document ID						
Trans CD	Dept	R/Org	Number	CD Date	Acctg Prd	Bud FY
Action: Entry (E)			Bank Account		Cash Account	
Comments				Document Total		

LN	Fund	Dept	Appropriation	Sub	Org Code	Sub/Org	Rev Srce	S/Rev	Prog	Type	I/D
PRJ/CL/GRC		ACTV	Rept Cat	Amount		Description					

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Prepared By: _____ Title: _____ Date: _____

Approved By: _____ Title: _____ Date: _____ Phone #: _____

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